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Bib Data Sheet

CONFIRMATION NO. 1606

SERIAL NUMBER 10/735,084	FILING DATE 12/12/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 5297/198
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APPLICANTS

Richard Rollin, Menzingen, SWITZERLAND;
 Beat Moser, Hunenberg, SWITZERLAND;
 Urs Koch, Greppen, SWITZERLAND;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****
 SWITZERLAND 2002 0949/02 06/05/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/23/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 1	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

ADDRESS
 MICHAEL H. BANIAK
 BANIAK PINE & GANNON
 Suite 1200
 150N. Wacker Drive
 Chicago , IL
 60606

TITLE
 Thorax drainage system

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)